

REQUEST FOR PROPOSALS



COMMUNITY DEVELOPMENT BLOCK GRANT REVITALIZATION PROJECTS

**PROGRAM YEAR 2007
COMMUNITY SERVICES DEPARTMENT**

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) REVITALIZATION ACTIVITIES

What is CDBG?

The Community Development Block Grant Program is authorized under Title I of the Housing and Community Development Act of 1974, as amended. The **primary** objective of the CDBG program is the development of viable urban communities through the provision of decent housing, a suitable living environment, and expanded economic opportunity, principally for low-income persons and neighborhoods.

The City of Arlington receives CDBG funds from the U.S. Department of Housing and Urban Development (HUD). Each year the City seeks to maximize the benefits of these funds by partnering with local organizations to conduct eligible activities. This request for proposal booklet will review the types of Community and Economic Development Projects that are eligible for CDBG funding in Program Year 2007.

CDBG National Objectives

CDBG projects must qualify under one of the following HUD **national** objectives in order to be eligible to receive funding. The City of Arlington is responsible for assuring that each eligible activity meets one of the following three objectives:

1. **Benefit low- and moderate-income persons:** The criteria for how an activity may be considered to benefit low- and moderate-income (LMI) persons are divided into four subcategories:
 - **Area Benefit** -- Activities that meet the identified needs of LMI persons residing in an area where at least 51% of the residents are LMI);
 - **Limited Clientele** -- Activities that benefit a specific group of people, at least 51% of whom are LMI);
 - **Housing** -- Activities resulting in housing that is occupied by LMI household);
 - **Jobs** -- Activities that are located in a predominantly LMI neighborhood and serve the LMI residents, or involve facilities designed for use predominantly by LMI persons, or involve the employment of persons, the majority of whom are LMI).

Additional information about these categories is provided in the Application Guidebook.

2. **Aid in the prevention or elimination of slum or blight:** Expenditures under this category are limited to 30 percent of the City's expenditures for a three year period (program years 2004, 2005, and 2006).
3. **Meet an urgent need:** The activity provides a remedy to a serious and immediate health or welfare problem, such as a natural disaster; *and* there are no other funds available; *and* the problem is of a recent origin (Note: This category is used only in extraordinary circumstances).

Eligible Applicants

Applicants may be Community Based Development Organizations, non-profit organizations, municipalities and local governments, and/or local educational organizations that have an IRS-granted nonprofit status. Non-profit and community-based organizations must have their 501(c)(3) status at time of application to receive funding through City of Arlington. Special economic development activities in the Central Arlington Neighborhood Revitalization Strategy Area (NRSA) may be carried out by private, for-profit businesses.

Site Visits

New applicants include organizations that may have applied previously, but have **never** been funded by City of Arlington. City of Arlington may perform site visits during the review phase of this RFP competition with new applicants; therefore, your organization should be prepared for City of Arlington staff to tour your facility, observe current project activities, and interview and observe staff members involved in similar activities to the services in which you are requesting funding.

Application

Organizations applying for funding through City of Arlington must complete the following application and include applicable documentation. Please read the application carefully and complete all sections relevant to your activity. Incomplete applications will not be considered for funding.

Match Requirements

Unlike some other federal grant programs, CDBG regulations do not require matching funds on behalf of the Grantee, however, it is assumed that limited CDBG funds cannot pay 100 percent of any project. The City of Arlington **highly recommends** that organizations provide leveraging funds. Leveraging fund sources include contributions derived from nonfederal sources and the value of third party in-kind contributions, (i.e., volunteers, personnel, office space, materials, equipment and supplies).

Available Funds

The table below provides an outline of how CDBG funds are distributed according to 24 CFR 570. City of Arlington received \$3,263,871 in PY2006. In PY2007, City of Arlington expects to receive \$2,937,484 in CDBG funds, or about 10% less than the amount received in PY2006. The City also has \$1,600,000 in Program Year 2006 funds which were designated for innovative projects in the Central Arlington Neighborhood Revitalization Strategy Area.

Activity Type	PY2006	PY2007	Mandated Cap
Public service projects	489,580	440,622	15%
General projects	2,121,517	1,909,366	
Administration/Planning	652,774	587,496	20%
Total	\$3,263,871	2,937,484	

Eligible CDBG Activities

The following list includes the types of activities that may be funded under the CDBG Program, provided that the activity falls into one of the three National Objective categories described above. This list is not all-inclusive.

- A. Acquisition of Real Property for an eligible use;
- B. Disposition of Property acquired with CDBG funds;
- C. Public Facilities and Improvements;
- D. Demolition and Clearance;
- E. Rehabilitation of Commercial Property (see Business Façade Grant Application at www.ci.arlington.tx.us/communityservices/grants/rfp;
- F. Code Enforcement in a deteriorated area in conjunction with comprehensive revitalization activities;
- G. Removal of Architectural barriers (e.g., curb cuts, park improvements, and improvements to public buildings to meet ADA requirements);

- H. Special Economic Development Activities that create economic opportunity for low and moderate income individuals.

Ineligible Activities

- A. Buildings used for the general conduct of government such as civic buildings, city halls, courthouses and police stations;
- B. Political Activities;
- C. Religious Activities;
- D. Purchase of equipment, including furnishings, personal property, and fire protection;
- E. General government expenses;
- F. Operating and maintenance expenses related to public facilities, improvements and services;
- G. New housing construction- unless the organization is a Community-Based Development Organization (CBDO)

For more detailed information on the City of Arlington CDBG program, please visit our website at www.ci.arlington.tx.us/communityservices/grants

Application Instructions and Review Process

The City of Arlington Community Services Department invites qualified organizations with eligible projects to apply for CDBG grant funds. City of Arlington is seeking organizations that can demonstrate the capability of carrying out the objectives in the PY2005 – 2010 Consolidated Plan. For example, five-year objectives for the Central Arlington NRSA include creation of 300 new jobs, 16 new businesses, 20 blocks of improved streetscape, 20 business facades, and 100 units of affordable housing. See page 10 for a summary of Consolidated Plan objectives and priorities.

Prior to responding to the RFP, each qualified organization is urged to read the instructions carefully. Before submitting the application, check all calculations and ensure that items on the application checklist (page 7) are submitted in the order listed. Inaccuracies, omissions and use of RFP forms from previous competitions will be grounds for rejection. All proposals will become part of City of Arlington's official files.

Application Submittal

1. Applicants are encouraged to attend the Request for Proposals Workshop on Friday, October 20, 2006 from 2:00 pm to 4:00 pm. The workshop will be held at the Arlington Human Service Center; 501 W. Sanford, Conference Room A, Arlington, Texas.
2. City of Arlington will provide answers to written questions that are submitted by November 6, 2006. Answers will be posted on the City website by November 13, 2006. Submit questions to Pablo Calderon at calderonp@ci.arlington.tx.us or by fax at 817-459-6772.
3. Proposals must be submitted in standard 8 ½" by 11" paper, have consecutively numbered pages, and be three-hole punched. Do not use folders or notebooks. Bind **only** with binder clips. Do not staple the proposal. Insert labeled tabs for the sections as outlined in the Application Checklist. Do not use sticky notes or flags as a substitute for tabbed dividers. Do not include these instruction sheets in your application.

4. **Submit one original and fifteen (15) copies of the proposal.** Copies are provided to the Arlington City Council, Grant Review Committee, and City staff. Indicate whether the proposal is an original or copy on the Program Cover Sheet. The most recent Financial Audit is required and should be attached to the original only. All proposals must:
 - ✓ Include information and attachments as outlined on the Application Checklist.
 - ✓ Adhere to page limits within available response boxes for Tabs A and B.
 - ✓ Narrative should be formatted in 11 or 12 point typed font and minimum margins of 1 inch.
5. Original **must** be signed in **blue** ink.
6. Submit application by Tuesday, November 28, 2006 by 3:00 p.m. at the City of Arlington Community Services Department, 201 East Abram, Suite 720, Arlington, Texas 76010.
7. **Late proposals will NOT be accepted.**

Proposal Due Date Tuesday, November 28, 2006 by 3:00 P.M. CST Pablo Calderon, Grants Planner City of Arlington Community Services Department calderonp@ci.arlington.tx.us Fax: 817-459-6772	
<u>Physical Address</u> City of Arlington Community Services Municipal Office Tower 201 E. Abram, Suite 720 Arlington, Texas 76010	<u>Mailing Address</u> City of Arlington Community Services Mail Stop 63-0700 PO Box 90231 Arlington, TX 76004-3231
<u>Late proposals will NOT be accepted</u>	

Timeline Summary

A detailed Annual Grant Calendar is found in the Guidebook. The following is a summary timeline for the awarding of funds.

Request for Proposals Workshop	October 20, 2006
Deadline for written questions	November 6, 2006
Questions and Answers available on City website	November 13, 2006
Deadline for submission of applications	November 28, 2006
Staff review of proposals	December 2006
Arlington Human Service Planners' Grant Review Committee	December 2006 – January 2007
City Council Community and Neighborhood Development Committee review and recommendations	February 2007
30-day citizen comment period and public hearing	March – April 2007
City Council approval of Action Plan	May 2007
Applicants notified regarding awards	May 2007
HUD review and approval	June 2007
Contract Year begins	July 1, 2007

Application Review Process

The review process for proposals requesting CDBG funding consists of a review by staff, citizen review by the Arlington Human Service Planners' (AHSP) Grant Review Committee, review by NRSA Steering Committee (for proposals that impact the NRSA), review by the Community and Neighborhood Development Committee of the City Council, a 30-day public comment period for citizen input, City Council review and approval, and HUD review and approval. See Application Guidebook for additional details about the review process.

1. Staff review verifies that the proposal is an eligible CDBG activity as determined by HUD guidelines. If a proposal is determined to be ineligible, the applicant is informed and the proposal is withdrawn from consideration. In cases where there is uncertainty as to the proposal's eligibility, the City's HUD representative will be consulted for a decision. Staff will evaluate proposals based on information provided in the submitted application and will not request missing information.
2. The AHSP Grant Review Committee (GRC) reviews the proposals. This committee evaluates the content of the proposals, determines the need for services, and ensures that services are not being provided by another entity. **The GRC will not request missing information.** AHSP/GRC scores and rankings are presented to the City Council's Community and Neighborhood Development Committee along with the proposal. The NRSA Steering Committee will also provide input on projects located in the Central Arlington NRSA.
3. The Community and Neighborhood Development Committee provides a mechanism by which community needs may be recognized, prioritized, and recommended to the City Council for funding. This committee also helps to facilitate the City Council's understanding and approval of CDBG programs and funding requirements. All recommendations for grant awards are put into the annual Action Plan.
4. Citizen input on the Action Plan is obtained through the public hearing process. Notices are published in local newspapers two weeks in advance of all hearings, specifying date, time, and proposed CDBG activities. The City Council approves the Annual Action Plan by resolution following the citizen comment period. Each applicant will be notified in writing regarding their grant application. Final approval of the Action Plan is completed by HUD.

CRITERIA FOR DECISION-MAKING

Proposals will be evaluated in the following areas:

- | | |
|--|-----------|
| 1. Organizational capacity and relevant experience | 30 points |
| 2. Evidence of need for project | 30 points |
| 3. Statement of Work/Project Plan | 30 points |
| 4. Budget Narrative and Financial Management | 10 points |

The City Council makes the final decisions regarding program funding, which are then incorporated into the overall CDBG budget submitted to HUD in the Annual Action Plan. Once funds are received from HUD, the City executes contracts with each of the selected recipients. If the approved funding level is different than that stated on the proposed budget, revised budget and objectives must be submitted before a contract is executed. This RFP does not commit the City to award a contract for any costs incurred in the preparation of this proposal. Furthermore, the City reserves the right to accept or reject any or all proposals received because of this request, to negotiate with a qualified source, or cancel in part, or in its entirety this RFP if it is in the best interest of the City.

CDBG General Activities

PROGRAM COVER SHEET

☐ ORIGINAL ☐ COPY

Part 1 – General Information

Organization Name:

Tax ID Number:

DUNS¹ Number:

Project Name:

Contact Person:

Mailing Address:

City, State, Zip Code:

Phone:

Fax:

Email:

Part 2 – Program Funding

1) Requested Amount	
2) Other Funding Sources	
3) Total Project Cost *	
4) Percentage of City of Arlington funds toward Total Project Cost **	

* Total Project Cost is Requested Amount plus amount from Other Funding Sources. (Line 1 + Line 2 = Line 3)

** Percentage of COA funds toward Total Project Cost is the Requested Amount Divided by the Total Project Cost. (Line 1 / Line 3 = Line 4)

Part 3 – Project Description

Please provide a **brief** description of the proposed project below. The description should be no more than 5 sentences, describe the project (not the organization) and the number of unduplicated persons the project will serve and/or measurable objectives the project will meet during the contract period.

¹ See information on DUNS in the Application Guidebook

Application Checklist

Applicant Name:

Project Name:

The original application must include all of the applicable information as outlined below. Each of the 15 copies must include the information in Tabs A, B, C, and D. Proposals that do **not** contain all of the required documents will be considered ineligible.

- Tab A**
- ☐ Cover Letter on Letterhead
 - ☐ Program Cover Sheet
 - ☐ Application Checklist
 - ☐ Applicant Information
- Tab B**
- ☐ Section 1: Organizational Capacity and Experience
 - ☐ Section 2: Evidence of Need for Project
 - ☐ Section 3: Statement of Work/Project Scope
 - ☐ Section 4: Project Budget Information
- Tab C**
- ☐ CDBG Project Budget Form*
 - ☐ Pro-forma (for construction or acquisition of community facility)
- Tab D**
- ☐ Project Service Area Map
 - ☐ Project-Specific Organizational Chart
 - ☐ Job descriptions, résumés of key personnel

Provide Applicable Documents in Original Application Only (mark N/A if not applicable)

- Tab E**
- ☐ Organizational Chart
 - ☐ Organizational Budget and/or Financial Balance Sheet
 - ☐ Signature Authorization*
 - ☐ Environmental Review Form* and Attachments
 - ☐ Conflict of Interest Disclosure*
- Tab F**
- ☐ Letters of Commitment
 - ☐ Articles of Incorporation
 - ☐ 501 (c) (3) documentation from IRS
 - ☐ Minutes authorizing submittal of proposal
 - ☐ Bylaws
 - ☐ Financial Audit/Certified Financial Statement
 - ☐ Director's and Officer's Liability & Errors and Omissions Insurance
 - ☐ Working capital documentation
 - ☐ Policies and procedures for employees including internal controls

Tab G Acquisition Projects only

- | | |
|--|---|
| <input type="checkbox"/> Appraisal of Property | <input type="checkbox"/> Phase I: Environmental Site Assessment |
| <input type="checkbox"/> Property Survey Map | <input type="checkbox"/> Earnest Money Agreement |
| <input type="checkbox"/> Relocation Policy | |

Tab H Construction Projects only

- | | |
|---|---|
| <input type="checkbox"/> Cost Estimates | <input type="checkbox"/> Phase I: Environmental Site Assessment |
| <input type="checkbox"/> Letters of Community Support | <input type="checkbox"/> Plans |

*Note: Standard Forms.

Applicant Information

1. Type of Organization: ☐ Non-Profit ☐ Government ☐ Private for Profit
☐ Faith-Based ☐ Other (Please Specify):
2. Name of Organization:
3. Mailing Address:
City, State, Zip Code:
4. Physical Address of Project (facilities only):
City, State, Zip Code:
5. Contact Person: 7. Fax:
6. Telephone: 8. Email Address:
9. Provide the following information for a **program contact person**, a **financial contact person**, the **person who wrote the application**, and an **authorized contact**. Include attachments of job descriptions and resumes for key staff.

	NAME	TITLE	PHONE/EMAIL
Program Contact Someone who works with the project on a daily basis and can answer questions			
Finance Contact			
Application Contact Person who wrote this application			
Authorized Contact Person authorized to make commitments on behalf of the organization			

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS. I FURTHER CERTIFY THAT NO CONTRACTS HAVE BEEN AWARDED, FUNDS COMMITTED OR CONSTRUCTION BEGUN ON THE PROPOSED PROJECT AND THAT NONE WILL BE DONE PRIOR TO ISSUANCE OF A RELEASE OF FUNDS BY CITY OF ARLINGTON.

SIGNATURE OF AUTHORIZED PERSON LISTED ABOVE

DATE

PRINT NAME

TITLE

Section 1: Organizational Capacity and Experience (Use only the space provided.)

- A. Provide an organizational overview of your agency, including:
- a description of the history and purpose of the organization,
 - years in operation,
 - years of direct experience in proposed project type,
 - staff experience in proposed project type,
 - federal grant management experience, and
 - financial capacity.

Provide a project-specific organizational chart as an attachment to all copies of the proposal in Tab D and one copy only of the overall organizational chart in the original application (Tab E).

B. Previous Experience with Federal funds:

1. Does your organization have previous experience with projects involving federal funds?

☐ Yes ☐ No If no, skip to question 4.

2. If yes, how many years of previous experience do you have with federally funded projects? Briefly describe your experience below.

3. If you have previous experience with Federal projects was your organization required to payback funds, in violation of regulations, etc.?

☐ Yes ☐ No

If **yes**, indicate the actions cited.

4. If your organization does not have experience with federally funded projects, how will you ensure adherence to federal requirements? List examples of related experience.

C. Previous Experience with City of Arlington Projects

1. Do you have previous experience with City of Arlington Projects?

☐ Yes ☐ No If **yes**, please describe below.

2. Has your organization received HUD funds through the City of Arlington?

☐ Yes ☐ No If **yes**, please describe below. If no, skip to question 5.

3. If you are a prior recipient of City of Arlington HUD funds, what was the date (mm/dd/yyyy) of your last City of Arlington monitoring visit?

4. Were there any findings and/or concerns in your last monitoring visit?

☐ Yes ☐ No

If **yes**, indicate the findings and/or concerns cited, the corrective action taken, and the date the City of Arlington cleared the findings and/or concerns.

5. If your organization has not received funds through the City of Arlington, describe your experience managing projects of a similar type and size.

D. Complete the table below for each current member of the applicant's Board of Directors. If your organization does not have a board of directors (e.g., governmental entity), include this page and an explanation of why this form is not applicable (NOTE: Font, margins, or table may be modified to fit information on one page, as long as information below is included.)

[illegible]² Beginning and Ending Years

³ M=Male, F=Female

⁴ A=Asian, B=Black/African American, W=White, H=Hispanic, O=Other

Section 2: Evidence of Need for Service (Use only the space provided)

Complete this section accurately and completely.

Part 1 – Priority Activities

Measurable Objectives

Please refer to the PY2005-2010 Consolidated Plan Measurable Objectives (See Application Guidebook). Select the **one** Consolidated Plan measurable objective that applies to your proposed project.

Neighborhood Revitalization Strategies

- ☐ Economic Development/Job Creation Activity
- ☐ New Retail/Commercial as part of Mixed-Use
- ☐ Infrastructure as part of Mixed-Use
- ☐ Sidewalk/Streetscape Improvements
- ☐ Architectural Barrier Removal
- ☐ Business Façade Improvements⁵

Priority Level

High
High
High
High
High
High

Other Eligible Activities

- ☐ General Public Facilities
- ☐ Parks and Recreation Facilities
- ☐ Acquisition of Property for CDBG Eligible Activity

Medium
Medium
Medium

Part 2 – National Objective and Beneficiaries

A. Identify the CDBG National Objective your project will meet and **provide an explanation in the box below.**

1. ☐ Benefit low-income persons

- ☐ Area benefit: Project is undertaken in an area where at least 51% of the residents qualify as low- to moderate-income (LMI). Activities in the Central Arlington NRSA are 76% LMI.
- ☐ Limited Clientele Activity: Project is designed to benefit a specific group of persons in any part of City of Arlington's service area, 51% of which are LMI.
- ☐ Job Creation: Project is undertaken in an area located in a predominantly LMI neighborhood and the business serves LMI residents, or project involves facilities designed for use predominantly by LMI persons, or project involves the employment of persons, the majority of whom are LMI.
- ☐ Housing: Project results in housing that is occupied by LMI households.

2. ☐ Aid in the prevention or elimination of slums and blight (NOTE: This national objective is limited to 30 percent of the City's CDBG expenditures and may not be available during any given program year).

NOTE: Substitution of CDBG funds for current levels of state or local governmental funding for a service is prohibited.

⁵ See Business Façade Grant Application at www.ci.arlington.tx.us/communityservices/grants/rfp

B. Number of unduplicated persons from the **City of Arlington Service Area** to be served.

Column A	Column B	Column C
Total number of unduplicated persons served	Number of unduplicated LMI persons to be served	*Percentage of LMI persons served (B/A=C)
500	350	70%

C. If this project is requesting funds for improvements to Public Facilities serving a Limited Clientele population, provide the information requested in the following chart.

Number of Persons Served		
1	Number of unduplicated persons served in this facility in the past twelve (12) months:	
2	Number of unduplicated persons from the City of Arlington Service Area served in this facility in the past twelve (12) months:	
	Percentage of persons served from the City of Arlington Service Area: (Divide Line 2 by Line 1.)	
Number of Low-Income Persons Served		
3	Number of unduplicated persons from the City of Arlington Service Area served in this facility in the past twelve (12) months (same as #2 above):	
4	Number of unduplicated low-income persons from the City of Arlington Service Area served in this facility in the past twelve (12) months:	
	Percentage of low-income persons served from the City of Arlington Service Area : (Divide Line 4 by Line 3.)	

Part 3 – Demonstrated Need for Project

In the space below, provide a brief summary of current statistical data documenting the need for the project. Include local Arlington data as well as any relevant statistics collected by the organization. Provide sources for the information. Briefly explain the target population for the project, including demographics, residence, and a typical client profile. Are the services provided by this project targeted to:

☐ a specific geographic area or ☐ available City-wide.

Demonstrated Need (continued)

Part 4 – Project Support from Additional Sources

- A. Indicate the funding from other sources for this project in the following table. Add additional rows to the table if necessary.

Funding Source	Amount	Status – Approved, Pending or Denied	Award Date
Total			

- B. Identify commitments for ongoing funding *for this project only* in the space provided below and include **letters of commitment** for these funds as **attachments**.

- ✓ All letters must be on the organization's letterhead and must include date, amount of match/leverage, and an authorized signature.
- ✓ Letters must be dated within 30 days of the application submission date.
- ✓ Letters must demonstrate that the funding is applicable to the project detailed in this application.
- ✓ Do not include letters of commendation unless financial support is provided by the person/organization and is detailed in the same letter.

Section 3 – Statement of Work/Project Scope

Part 1 – Project Service Area

A. Is this project located within the Central Arlington NRSA?

☐ Yes ☐ No Address:

B. Is the project located in another eligible City of Arlington service area (see Guidebook maps)?

☐ Yes ☐ No Address:

Identify the project location by providing a description of the physical address and the project's legal description and boundaries. Provide maps of the project location and the project service area, including zip codes and census tracts, as an attachment to this application in Tab D.

Part 2 – Program Development and Delivery (Use only the space provided.)

A. Work Plan

Develop a sound work plan narrative that details the activities the project will undertake to achieve the project's goal. Include the following:

- Project plan of action
- Flow of planned activities
- Recruitment/marketing plan for persons assisted
- Project evaluation plan

For Limited Clientele Facilities, provide information on procedures regarding recruitment and marketing plan for clients and volunteers, and intake and eligibility documentation.

B. Implementation Schedule

Milestone	Projected Date
1) Contract Start Date	
2) Initiation of Marketing and Outreach	
3) Initiation of Eligibility Determinations	
4) Completion of Pre-Commitment Activities	
7) 50% of Funds Expended	
8) 100% of Funds Expended	
9) Program Completion	

C. Performance Measurement System: Complete the following chart with information about the planned outputs and outcomes for the program year.

	Goal #1	Goal #2
GOALS – Proposed solutions to problems (as identified in Consolidated Plan)		
INPUTS – resources dedicated to or consumed by program		
ACTIVITIES - What the program does with the inputs to fulfill its mission		
OUTPUTS – The direct products of program Activities		
OUTCOMES – benefits that result from the program		

Project Supplements: For Construction Projects, complete Part 3 and for Economic Development Projects, complete Part 4.

Part 3 – Construction Project Supplement

A. Does your project involve:

New construction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Major rehabilitation?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Minor rehabilitation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Major rehabilitation* is defined as rehabilitation that involves costs in excess of 75 percent of the value of the building before rehabilitation. The value of the building means the monetary value assigned to a building by an independent real estate appraiser, or as otherwise established by the grantee or the State recipient.

B. Do you have site control – including any right-of-way, easements, or permissions to encroach that need to be acquired?

☐ Yes ☐ No

If **yes**, provide date site control acquired:

If **no**, explain *how* you intend to secure site control prior to the start of this project. Include the anticipated acquisition date of right-of-way, easements or permissions to encroach.

C. **Non-Profit Organizations only:**

For construction or acquisition of a community facility, will you have sufficient funds available for the operations of the facility?

☐ Yes ☐ No

Complete a Pro-Forma with detailed information about operating funds available for the facility and include as an attachment in Tab C.

D. Will your project involve temporary or permanent relocation of residents or businesses?

☐ Yes ☐ No

If **yes**, provide the full relocation policy as an attachment *to this application*.

E. Provide a brief description of the following information.

- Property Analysis
 - Property Description, including amenities and unit features
 - Property Condition/Inspection
 - Appraisal Information. Provide a statement and include as an attachment.
 - Unit Inspection Summary (Existing Structure)
 - Improvements to Property

F. Provide the following items as attachments to this application:

- ✓Property Survey
- ✓Design Plans
- ✓Land Improvement Plans
- ✓Environmental Requirements (see form in Standard Forms)

G. Community Involvement

For new construction, include evidence of community support for the proposed project. Describe the measures your organization has taken to garner community support in the space below. Provide evidence of contact with local civic/homeowner association(s) or proof of public hearing. **Include letters of support as attachments to this application.**

Part 4 – Economic Development Project Supplement

A. Briefly describe the nature of the proposed business or project.

B. Summarize the amount of the Economic Development grant requested, the projected uses of those funds, the estimated number and type of jobs to be created or retained for low- to moderate income Arlington residents.

C. Do the jobs created require specialized training?

☐ Yes ☐ No

If yes, what efforts will be made to provide the required training to low- and moderate-income job applicants?

D. Provide a copy of the client/job applicant intake form used to document low income eligibility in Tab D.

E. Will people who are not low- to moderate-income benefit from this activity?

☐ Yes ☐ No

If yes, what is the percentage of benefit to higher income persons as a percent of the total project?

Section 4: Project Budget Information

Part 1 – Budget Information

The budget narrative should explain the total project budget in detail, including budget line items in the order in which they are listed on the budget form.

Part 2 – Fiscal Management

A. Describe the organization's fiscal management, including:

- financial reporting,
- record keeping,
- accounting systems,
- payment procedures, and
- audit requirements.



B. Describe your 90-day line of credit or working capital for this project in the space below. Indicate the source of the working capital and attach documentation to the application providing evidence of the source.



Provide the most recent financial audit or certified financial statement as an **attachment** to the original application in Tab F.

Part 3 – Project Budget

Project Budget

ACTIVITY*	CDBG Funds	OTHER NON-FEDERAL FUNDS	OTHER FEDERAL FUNDS	TOTAL
Acquisition costs				
Land				\$0.00
Existing structures				\$0.00
Other acquisition costs				\$0.00
Site Work (not in construction contract)				
Demolition/clearance				\$0.00
Other site costs				\$0.00
Construction/Project Improvement Costs				
New Construction				\$0.00
Rehabilitation				\$0.00
Performance bond premium				\$0.00
Construction contingency				\$0.00
Other				\$0.00
Architectural and Engineering				
Architect Fees				\$0.00
Engineering fees				\$0.00
Other A & E fees				\$0.00
Other Owner Costs				
Appraisal fees				\$0.00
Survey				\$0.00
Soil boring/environmental/LBP evaluation				\$0.00
Tap fees and impact fees				\$0.00
Permitting fees				\$0.00
Legal fees				\$0.00
Other				\$0.00
Miscellaneous Costs				
Developer fees				\$0.00
Project reserves				\$0.00
Relocation costs				\$0.00
Project Admin & Management Costs				
Marketing/management				\$0.00
Operating				\$0.00
Taxes				\$0.00
Insurance				\$0.00
Other				\$0.00
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00
Cost per square foot (Total=_____)				

*The line items in column A are a guide. Items may be added or deleted depending on the type of project.

Signature Authorization Form

Organization Name (Legal Name*):

Physical Address:

Mailing Address:

Telephone:

**Legal name refers to the organization name that appears on the articles of incorporation.*

The following person(s) are authorized by the Board of Directors to sign contracts and sign and submit invoices, reports, time/attendance, client progress or evaluation forms pertaining to this agreement.

Name	Title	Telephone No./ext.	Email address
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Name	Title	Telephone No./ext.	Email address
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Name	Title	Telephone No./ext.	Email address
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We understand and agree to abide by the condition if any changes occur, a new signature authorization form must be submitted.

Authorized by:

Typed Name, Title	Signature	Date
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Environmental Review Form

IMPORTANT NOTE:

If you are applying for:

- ♦ CDBG Construction Activities;
 - ♦ HOME Acquisition and Construction Projects;
- Complete this form and provide the requested attachments.

Type of funding requested: ☐ CDBG General ☐ HOME

Amount of Request: _____ PY2007

Organization Name:

Project Name:

Contact Person:

Mailing Address:

Phone:

Fax:

Email:

Property Address:

Property Owner:

Mailing Address:

Legal Property Description:

Appraised Value:

1) If project involves the acquisition, rehabilitation, renovation, or conversion of a physical structure, provide the date the structure was constructed.

2) Is property/project in 100 year floodplain? ☐ Yes ☐ No

If **yes**, please attach copy of flood insurance policy.

If property has **not** been acquired, provide estimate of flood insurance cost. (Proof of insurance will be required at closing.)

3) Is property/project site within 1,000 feet of a highway, freeway or major arterial?

☐ Yes ☐ No

If **yes**, indicate which highway, freeway or major arterial:

4) Is property/project site within 500 feet of a railroad?

☐ Yes ☐ No

5) Is property/project site in Runway Clear Zone / Clear Zone? (Areas immediately beyond the ends of a runway of a civil or military airport)

☐ Yes ☐ No

If **yes**, provide documentation.

6) Is the property/project site in an Accident Potential Zone? (Areas at military airfields which are beyond the Clear Zone; does not apply to civil airports)

☐ Yes ☐ No

If **yes**, provide documentation.

Required Attachments

- ✓ Minimum of five (5) current color photographs from various angles of the property/project site and minimum of two (2) current color photographs of adjacent properties – at least 3" x 5" and no larger than 8" x10". Attach or print photos on 8 ½" x 11" sheets of paper.
- ✓ Copy of Key Map outlining property boundaries.

Scope of Project – Provide a **brief** description of the proposed project in the space below.

Conflict of Interest

All Applicants

The standards in OMB Circular A-110, Subpart C, provide that no employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by Federal funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when an employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a **financial or other interest** in the firm selected for an award.

CDBG and HOME Applicants Only

The CDBG regulations at 24 CFR 570.611 and HOME regulations at 24 CFR 92.356 provide that no person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient or subrecipient that are receiving CDBG or HOME funds and (1) who exercises or has exercised any functions or responsibilities with respect to activities assisted with CDBG funds; or (2) who is in a position to participate in a decision-making process or gain inside information with regard to these activities, may obtain a financial interest from a CDBG-assisted or HOME-assisted activity, or have any interest in any contract, subcontract, or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one (1) year thereafter.

A disclosure of the nature of any perceived or actual conflict must be made prior to the execution of agreements utilizing CDBG or HOME.

IF NO CONFLICT EXISTS, COMPLETE THE FOLLOWING:

- ☐ I certify that no conflict of interest exists between the City of Arlington and (name of organization) ____.
- ☐ I certify that no conflict of interest exists between the subcontractors of and (name of organization) ____.

IF A CONFLICT EXISTS, COMPLETE THE FOLLOWING:

- ☐ I certify that a conflict of interest does exist between the City of Arlington and (name of organization) ____.
- ☐ I certify that a conflict of interest does exist between (name of subcontractor) and (name of organization) ____.

Describe the nature of the conflict of interest below. Identify the individual, employment and the conflict or potential conflict, and their affiliation with your organization.

Signature of Authorized Agency Official

Date

Typed Name and Title

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor or other person doing business with local governmental entity

This questionnaire is being filed in accordance with chapter 176 of the Local Government Code by a person doing business with the governmental entity.

By Law this questionnaire must be filed with the records administrator of the local government not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY

Date Received

1. Name of person doing business with local governmental entity.



Check this box if you are filling an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than September 1 of the year for which an activity described in Section 176.006(a), Local Government Code, is pending and not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3. Describe each affiliation or business relationship with an employee or contractor of the local governmental entity who makes recommendations to a local government officer of the local governmental entity with respect to expenditure of money.

4. Describe each affiliation or business relationship with a person who is a local government officer and who appoints or employs a local government officer of the local governmental entity that is the subject of this questionnaire.

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor or other person doing business with local governmental entity

Page 2

5. Name of local government officer with whom filer has affiliation or business relationship. (Complete this section only if the answer to A, B, or C is YES.)

This section, item 5 including subparts A, B, C & D, must be completed for each officer with whom the filer has affiliation or business relationship. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income from the filer of the questionnaire? ☐ Yes ☐ No

B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer named in this section AND the taxable income is not from the local governmental entity? ☐ Yes ☐ No

C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?
☐ Yes ☐ No

D. Describe each affiliation or business relationship.

6. Describe any other affiliation or business relationship that might cause a conflict of interest.

7.

Signature of person doing business with the governmental entity

Date